ALL ABOUT LIFE REHABILITATION CENTER

115 EAST ARNDT STREET

FOND DU LAC 54935 Phone: (920) 923-7040 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 125 Total Licensed Bed Capacity (12/31/01): 132 Number of Residents on 12/31/01: 106

Ownershi p: Corporati on Highest Level License: Skilled Operate in Conjunction with CBRF? Yes Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Average Daily Census: 116 ******************* *************************

Services Provided to Non-Residents	Age, Sex, and Primary Diagnosis of Residents (12/31/01) Length of Stay (12/31/01)						
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	44. 3 44. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.8	More Than 4 Years	11. 3
Day Services	Yes	Mental Illness (Org./Psy)	17. 9	65 - 74	7. 5		
Respite Care	Yes	Mental Illness (Other)	11. 3	75 - 84	24. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	31. 1	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	1. 9	95 & 0ver	34. 0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0	ĺ	j	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0.0	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	5. 7	65 & 0ver	97. 2		
Transportati on	No	Cerebrovascul ar	23.6			RNs	12. 7
Referral Service	No	Di abetes	16. 0	Sex	% i	LPNs	8. 8
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	23.6	Male	28. 3	Aides, & Orderlies	48. 8
Mentally Ill	No	İ		Femal e	71.7		
Provi de Day Programming for			100.0	İ	j		
Developmentally Disabled	No			İ	100. 0		
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Method of Reimbursement

		Medicare litle 18			edicaid itle 19	_		0ther			Pri vate Pay)		Family Care		1	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	10	100. 0	332	61	95. 3	105	0	0.0	0	20	76. 9	148	4	100.0	105	2	100.0	309	97	91.5
Intermedi ate				3	4. 7	88	0	0.0	0	6	23. 1	138	0	0.0	0	0	0.0	0	9	8. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		64	100.0		0	0.0		26	100.0		4	100. 0		2	100. 0		106	100. 0

County: Fond Du Lac Facility ID: 2070
ALL ABOUT LIFE REHABILITATION CENTER

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period		ή					
0 1 0		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5. 6	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	5.6	Bathi ng	13. 2		60. 4	26. 4	106
Other Nursing Homes	0.6	Dressing	13. 2		57. 5	29. 2	106
Acute Care Hospitals	85. 5	Transferring	26. 4		50. 9	22. 6	106
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 6		50. 0	26. 4	106
Reĥabilitation Hospitals	0.0	Eati ng	64. 2		18. 9	17. 0	106
Other Locations	2.8	*********	*******	*****	**********	*********	******
Total Number of Admissions	179	Conti nence		%	Special Treati	ments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	7. 5	Receiving R	espi ratory Care	13. 2
Private Home/No Home Health	11. 1	Occ/Freq. Incontinent	of Bladder	47. 2		racheostomy Care	0.0
Private Home/With Home Health	36. 5	Occ/Freq. Incontinent	of Bowel	39. 6	Receiving Su	ucti oni ng	0. 9
Other Nursing Homes	7.4	<u>-</u>			Receiving 0	stomy Care	2. 8
Acute Care Hospitals	1.6	Mobility			Receiving To	ube Feeding	0. 9
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	3.8	Receiving M	echanically Altered Diets	26. 4
Rehabilitation Hospitals	0.0				_	-	
Other Locations	16. 9	Skin Care			Other Residen	t Characteristics	
Deaths	26. 5	With Pressure Sores		5. 7	Have Advance	e Directives	88. 7
Total Number of Discharges		With Rashes		2.8	Medi cati ons		
(Including Deaths)	189	ĺ			Receiving Pa	sychoactive Drugs	55. 7
-						-	

Page 2

7.3

0.90

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 100-199 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 87.5 82. 5 1.06 84. 1 1.04 85.8 1.02 84.6 1.03 Current Residents from In-County 80. 2 74.3 1.08 79. 3 1. 01 69. 4 1. 16 77. 0 1. 04 Admissions from In-County, Still Residing 19.6 19.8 0.99 25. 5 0.77 23. 1 0.84 20.8 0.94 Admissions/Average Daily Census 154.3 148. 2 1.04 110. 2 1.40 105. 6 1.46 128. 9 1. 20 Discharges/Average Daily Census 162.9 146.6 110.6 1.47 105. 9 1.54 130. 0 1. 25 1. 11 52. 8 1. 47 Discharges To Private Residence/Average Daily Census 77.6 58. 2 1.33 41. 2 1.88 38. 5 2.01 Residents Receiving Skilled Care 91.5 92.6 0.99 93.8 0.98 89. 9 1.02 85. 3 1. 07 Residents Aged 65 and Older 97. 2 95. 1 1.02 94. 1 1.03 93. 3 87. 5 1. 11 1.04 Title 19 (Medicaid) Funded Residents 60.4 66. 0 0.91 66. 9 0.90 69.9 0.86 68. 7 0.88 Private Pay Funded Residents 24. 5 22. 2 22.2 22. 0 1. 11 1. 11 23. 1 1.06 1. 10 Developmentally Disabled Residents 0.0 0.8 0.00 0.6 0.00 0.8 7. 6 0.00 0.00 Mentally Ill Residents 29. 2 31.4 0.93 38. 7 0.76 38. 5 0.76 33. 8 0.87 General Medical Service Residents 23. 6 23.8 0.99 21. 8 1. 08 21. 2 1. 11 19.4 1.21 49.3 Impaired ADL (Mean) 48.3 46. 9 1.03 48. 4 1.00 46. 4 1.04 0.98 Psychological Problems 55. 7 47. 2 1.18 51.9 1.07 52.6 1.06 51.9 1.07

6. 7

0.99

7. 5 0. 88

7.4

0.89

6. 6

Nursing Care Required (Mean)